

Part C State Performance Plan (SPP) for 2005-2010

Overview of the State Performance Plan Development: see Overview of Kentucky's State Performance Plan Development Process document

(The following items are to be completed for each monitoring priority/indicator.)

Monitoring Priority: EFFECTIVE GENERAL SUPERVISION PART C / CHILD FIND

Indicator 6 – Percent of infants and toddlers birth to 3 with IFSPs compared to: A. Other States with similar eligibility definitions; and B. National data. (20 USC 1416(a)(3)(B) and 1442)

Measurement:

- A. Percent = # of infants and toddlers birth to 3 with IFSPs divided by the population of infants and toddlers birth to 3 times 100 compared to the same percent calculated for other states with similar (narrow, moderate or broad) eligibility definitions.
- B. Percent = # of infants and toddlers birth to 3 with IFSPs divided by the population of infants and toddlers birth to 3 times 100 compared to National data.

Overview of Issue/Description of System or Process:

The child find measurement system for Kentucky includes:

1. Policies and procedures to guide child find activities
2. Provision of training and technical assistance supports to Point of Entry Staff in conducting child find activities, data collection, reporting and use
3. Quality assurance monitoring procedures to ensure the accuracy of the child find data
4. Data system elements for child find data input and maintenance, and child find data analysis functions

Each of these is described below:

1. Policies and procedures to guide child find activities

Child find efforts for the birth to three (3) population in Kentucky are essentially the same as for the birth to one (1) population. These efforts are primarily the responsibility of the Point of Entry (POE) staff in each of the fifteen (15) strategically located districts across the state. Joining the POE staff in these efforts are such entities as the District Early Intervention Committees (DEICs), statewide Technical Assistance Teams, central office staff, and various community partners.

The POE child find responsibility is specified in Section 1 (2) of 911 KAR 2:110 – Kentucky Early Intervention Program Point of Entry. This section states the POE staff "shall coordinate child find efforts with other state and federal programs serving this population, including maternal and child health programs, early and periodic screening, diagnosis, and treatment programs, Head Start, Supplemental Security Income Program, and programs authorized through the developmental disabilities assistance and Bill of Rights Act". Section 1(3) of the same regulation states that, "The POE staff shall develop a child-find activity plan to be constructed in each district that includes: (a) Completing a minimum of two (2) face-to-face contacts per month to potential referral sources in the district to explain First Steps services."

The child-find activity plan is constructed in collaboration with the District Early Intervention Committee (DEIC) established per statutory requirement in KRS Title XVII, chapter 200.662 in each of the fifteen (15) service districts. These committees are comprised of fifteen (15) to twenty-five (25) members of whom at least five (5) are parents, at least five (5) are early intervention service providers and at least one representative from each of the following: the local health department, the local office of the Department for Community Based Services, the local community mental health and mental retardation center, and the local Commission for Handicapped Children (in Kentucky this agency is called The Commission for Children with Special Health Care Needs). Representatives from such entities as a child day-care facility, a public school, a provider of medical services, a provider of therapy services, a home health agency, a university or college, a family resource center, a local business, a local charity, or others deemed appropriate may also be members. All members of each DEIC and the agencies they represent work in collaboration with the POEs to plan and carry out the various child find activities. They make referrals, share information about First Steps with contacts within and outside their agencies, and in an advisory capacity, assist in the development and execution of a district child find activities plan. Child find activities are reported by the POE staff monthly to the local DEIC and to the administration on the aforementioned POE report (see Attachment CC.1 2). These activities include providing information to hospital personnel, physicians, nurses, therapists, social workers, child care providers, parents, educators, students, and the general public. In addition, First Steps information is provided to members of civic organizations, support groups, homeless shelters, spouse abuse shelters, social service groups, health departments, school systems, head start programs, refugee assistance programs, migrant programs, and numerous charitable organizations. Methods for disseminating this information include face-to-face contacts, public speaking engagements, public service announcements on local television and radio stations, setting up booths at local events such as back to school events, various fairs (i.e., baby fairs, volunteer fairs, family fairs), public events, expos, fundraisers, and professional conferences, and distribution of informational brochures, flyers, and posters in a variety of public locations (e.g., courthouses and other public buildings, donor centers, large retail stores, groceries, schools, universities, shelters, refugee assistance centers). As child find activities are reported to and reviewed by DEICs at regularly scheduled meetings, suggestions may be made as to additional locations and methods for use in disseminating First Steps information in that particular district.

The DEICs also support child find efforts in the various districts through the purchase of marketing materials and brochures for distribution at the various events mentioned above. Additionally, DEIC members periodically participate in child find activities with or on behalf of the POE staff. Members of the Technical Assistance Teams serving the state also assist with these efforts as time allows.

At the state level, partnering agencies and programs are involved with the central office staff in the review and revision of First Steps regulations and in program planning. This involvement not only provides needed input to ensure the effectiveness of our child find and service delivery systems, but also offers yet another avenue for disseminating information about First Steps to the various programs across the state from which referrals are generated.

Kentucky's multi-faceted approach to child find allows for both district-focused and statewide-focused efforts. The effectiveness of these efforts is evident in the achievement of a percentage rate for children receiving Early Intervention Services in the birth to three (3) population that is above the national rate. It is noted that the percentage rate was lower during the years when Kentucky had a regulation in place which required children with Established Risk conditions to exhibit a delay in order to receive therapeutic intervention services (KAR 911 2:120 Section 1(5)(b)2(a)). While those children could be enrolled to receive Service Coordination only, a majority of families chose not to enroll at all. While this regulation primarily affected children in the birth to one (1) population, it would have resulted in an adverse effect on the overall birth to three (3) percentage rate. With a continuation of the efforts delineated above in combination with the regulatory change and its anticipated effect as discussed in Indicator 5, it would be expected that the percentage rate for the birth to three population receiving Early Intervention Services in Kentucky would continue to be above the national average.

2. Provision of training and technical assistance supports to Point of Entry Staff in conducting child find activities, data collection, reporting and use

Kentucky's Point of Entry Staff receive, as a part of their initial training, education on the regulations, policies, and procedures governing child find activities as well as on the completion of reports from which data is gathered. As reports and data are analyzed, the POE staff receives direction and suggestions from First Steps Technical Assistance teams, First Steps Administrative Staff, and DEIC membership about how to best address areas where referrals may be low or in decline. The POE staff receives ongoing training in methods and techniques to utilize to ensure efficient and pervasive child find efforts in each district of the state. This training is provided by the POE Coordinator and other administrative staff at the quarterly POE meetings and by Technical Assistance Team staff during one-on-one sessions as well as during quarterly service coordinator meetings which POE staff attends.

3. Quality assurance monitoring procedures to ensure the accuracy of the child find data

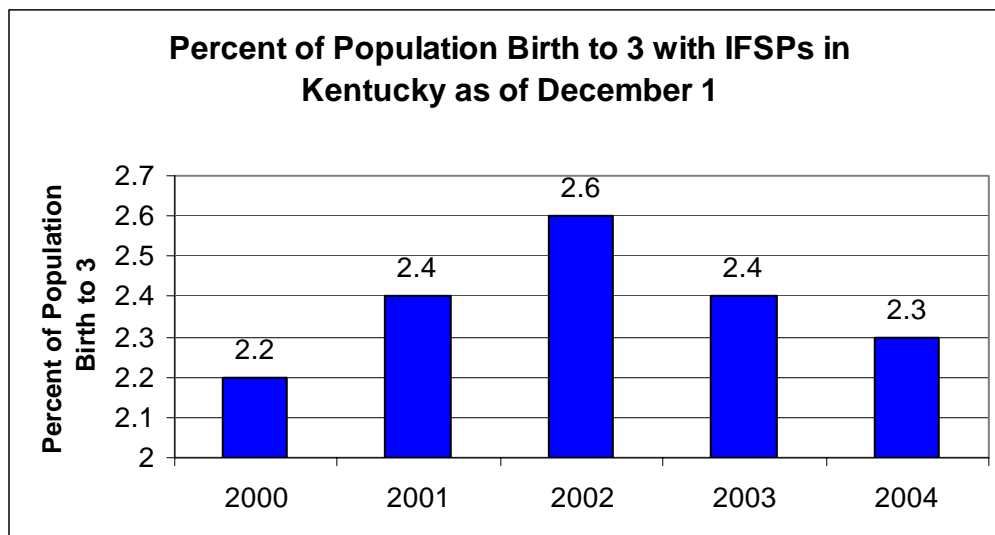
The POE Coordinator monitors monthly POE reports to assure that the required child find activities are completed in each district. These reports are also reviewed by DEIC members and by technical assistance teams. These reviews, while confirming that the required number of child find activities are completed in each district, primarily assure that these efforts are being directed to the most appropriate and needed areas. Since the demographics of each district can vary greatly, there is a need for individualization of child find efforts based on these differences. A multi-level monitoring of the child find efforts helps to ensure that these differences are addressed.

4. Data system elements for child find data input and maintenance and child find data analysis functions

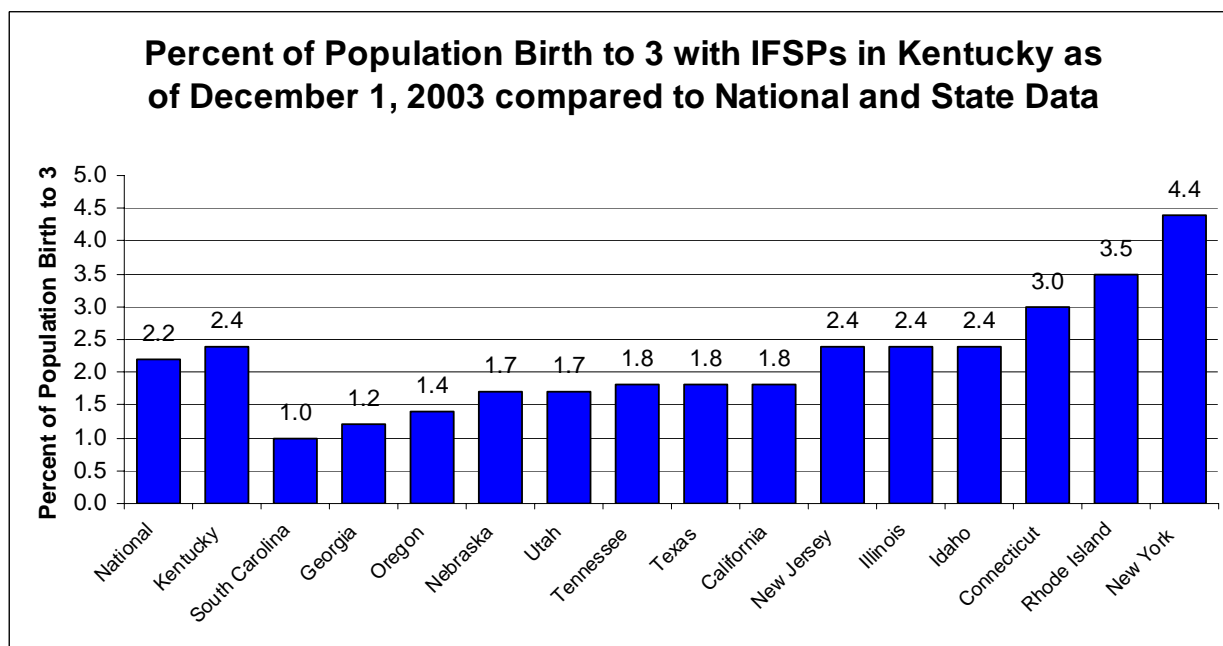
Data on child find efforts is reported in each district POE monthly report. As previously stated, this report is shared with and analyzed by each DEIC, the First Steps POE Coordinator, regional technical assistance teams and administrative staff. In addition, data on each child entering Kentucky's First Steps Program is reported by the POE staff on forms submitted to the Central Billing and Information Systems (CBIS). Data entry personnel at CBIS manually enter the data into fields which will capture the data and from which data reports can be generated.

Baseline Data for FFY 2004 (2004-2005):

Since 2000, Kentucky's population of children birth to 3 was increasing until 2003 (see figure 1). Changes in regulations resulting from moving the lead agency twice may partly account for the slight decrease in percentage served. A decrease in the children with established risk conditions resulting from regulations introduced in 2002 also affected the percentage of all children birth to 3 served in Kentucky.

Indicator 6: Percent of Infants/Toddlers Birth-3 with IFSPs**Figure 1**

Kentucky's 2003 rate of 2.4% of children served between the ages of birth to 3 is higher than the national average of 2.2 percent (see figure 2). Compared to states with similar eligibility requirements, only Connecticut, Rhode Island, and New York have higher percentages of children served in this age category.

**Figure 2**

Across the districts of Kentucky, there is considerable variation as to the percentage of the birth to 3 population served as of the December 1, 2004 child count (see Figure 3). Overall, Kentucky served 2.3% of the birth to 3 population as of December 1, 2004 child count (see Figure 1). Purchase, Kentuckiana, Buffalo Trace, Fivco, Gateway, Kentucky River and Lake Cumberland all exceeded the state average of 2.3%. However all other districts did not exceed 2.3%.

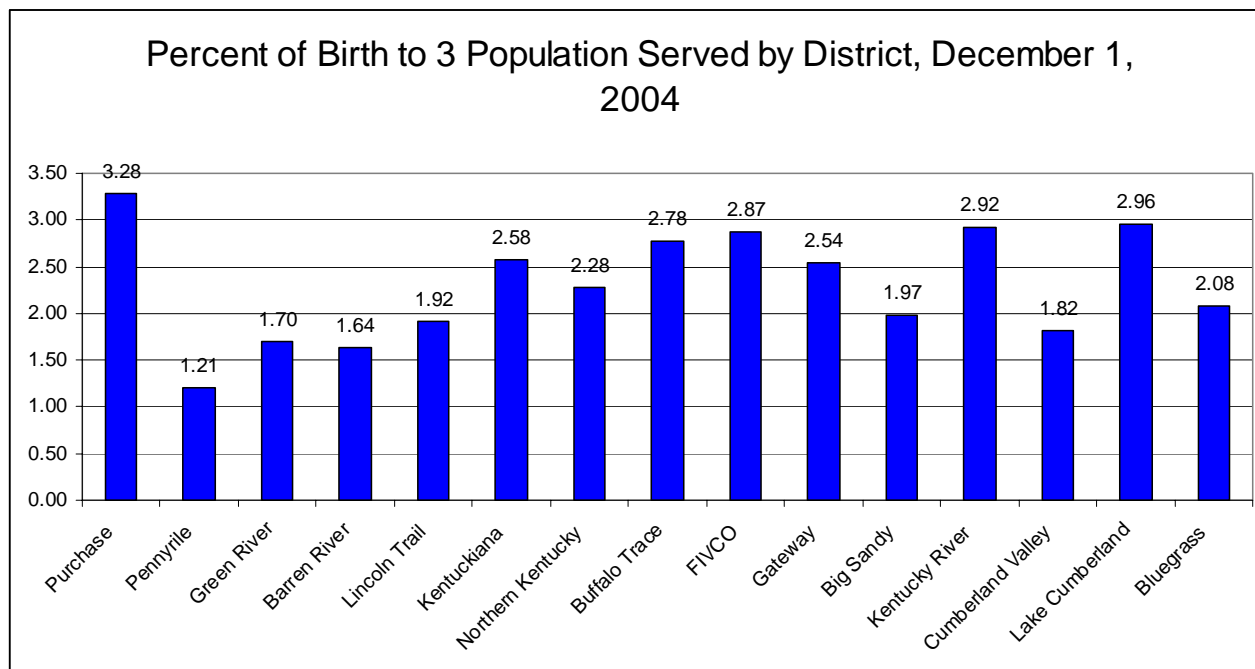


Figure 3

Discussion of Baseline Data:

Comparison data and discussion is included with charts above.

Measurable and Rigorous Target selection: Kentucky has chosen to increase the rate of identification of children ages birth – three (3) by .05% per year. This represents approximately 82 additional eligible children per year and will result in an identification of 2.6% by 2010. Using this target will allow Kentucky to equal its highest level of identification (in 2002 = 2.6%) and to exceed the National rate of identification (in 2003 = 2.2%)

FFY	Measurable and Rigorous Target
2005 (2005-2006)	2.35 % of infants and toddlers aged birth to 3 in Kentucky will have IFSPs.
2006	2.40 % of infants and toddlers aged birth to 3 in Kentucky will have IFSPs.

(2006-2007)	
2007 (2007-2008)	2.45 % of infants and toddlers aged birth to 3 in Kentucky will have IFSPs.
2008 (2008-2009)	2.50 % of infants and toddlers aged birth to 3 in Kentucky will have IFSPs.
2009 (2009-2010)	2.55 % of infants and toddlers aged birth to 3 in Kentucky will have IFSPs.
2010 (2010-2011)	2.60 % of infants and toddlers aged birth to 3 in Kentucky will have IFSPs.

Improvement Activities/Timelines/Resources:

IMPROVEMENT ACTIVITY	TIMELINE	RESOURCES
1. Ensure that all inter-agency partners are involved in child find as reported by the Kentucky Early Childhood Transition Project (KECTP).	July 2006 – June 2007	Transition Contractors (KECTP)
2. Expand strategies used in birth to 1 to the birth to 3 populations. Those include child find in foster care, family resource centers, head start/early head start, with pediatricians and with Early Childhood Councils in Kentucky.	July 2006 – June 2007	Part C Coordinator; Point of Entry Coordinator; Point of Entry Staff; Technical Assistance Teams
3. Investigate establishment of eligibility pathways for children with the following conditions: medically fragile, social communication delay/autism spectrum, deaf/blind, and extreme prematurity.	July 2006 – June 2007	Part C Coordinator; Point of Entry Coordinator; and a workgroup
4. Investigate obtaining data from Part B on eligible 3 and 4 year olds who did not participate in Part C to identify potential gaps in child find for Part C.	July 2006 – June 2007	Part c Coordinator; Part B Coordinator; Kentucky Special Education Director; KECTP coordinator.
5. Investigate the possibility of a seven domain rather than a five domain system for eligibility as this will likely result in greater eligibility for the areas of motor and communication delays.	July 2007 – June 2008	Evaluation Coordinator and a workgroup

SPP Template – Part C (3)

KENTUCKY

State

6. Investigate repeating the epidemiology study done in 1995 in Kentucky to predict the estimated incidence of developmental delay in the state.	July 2008 – June 2009	Part C Coordinator; Central Billing and Information System
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